

**JOHN F. KENNEDY ASSASSINATION
UNITED STATES SECRET SERVICE REPORTS**

Secret Service Report

Secret Service Memorandum November 26 1963

Work Papers of Doctors Conducting Kennedy Autopsy at Bethesda

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OFFICE OF THE CHIEF
U. S. SECRET SERVICE

TREASURY DEPARTMENT

CO-2-34030

WASHINGTON 25, D. C.

Protective Research Section
November 26, 1963

Receipt is acknowledged this date, Nov. 26, 1963, of the following items from Dr. George G. Burkley:

One piece of bronze colored material inadvertently broken in transit from casket in which body was brought from Dallas.

One letter - Certificate of Death of John F. Kennedy - State of Texas - dated Nov. 22, 1963.

One carbon copy of letter dated November 26 from Commanding Officer, U. S. Medical School, concerning law and regulations regarding confidential nature of the events.

One receipt dated Nov. 22, 1963, for bed sheet, surgical drapes, and shroud used to cover the body in transit.

One receipt dated Nov. 22, 1963, regarding a carton of photographic film, undeveloped except for X-rays, delivered to PRS for safekeeping.

An original and six pink copies of Certificate of Death (Nav.Med.N)

One receipt from FBI for a missile removed during the examination of the body.

One letter from University of Texas South West Medical School including report from Dr. Clark and summary of their findings of treatment and examination of the President in the Dallas County Hospital. Said letter of transmittal states that three carbon copies have been retained in that area.

One copy of autopsy report and notes of the examining doctor which is described in letter of transmittal Nov. 25, 1963 by Dr. Galloway.

Transmittal letter and 7 copies of the above item (autopsy report)

Authorization for post mortem examination signed by the Attorney General and dated Nov. 22, 1963.

Robert I. Bouck



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U. S. NAVAL MEDICAL SCHOOL
NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND 20814

In reply refer to

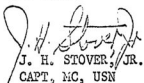
24 November 1963

C-E-R-T-I-F-I-C-A-T-E

I, James J. Humes, certify that all working papers associated with Naval Medical School Autopsy Report A63-272 have remained in my personal custody at all times. Autopsy notes and the holograph draft of the final report were handed to Commanding Officer, U. S. Naval Medical School, at 1700, 24 November 1963. No papers relating to this case remain in my possession.


J. J. HUMES
CDR, MC, USN

Received above working papers this date.


J. H. STOVER, JR.
CAPT, MC, USN

Commanding Officer, U.S. Naval Medical School
National Naval Medical Center

99

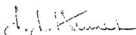
U. S. NAVAL MEDICAL SCHOOL
NATIONAL NAVAL MEDICAL CENTER
BETHESDA, MARYLAND 20014

In reply refer to

24 November 1963

C-E-R-T-I-F-I-C-A-T-E

I, James J. Humes, certify that I have destroyed by burning certain preliminary draft notes relating to Naval Medical School Autopsy Report A63-272 and have officially transmitted all other papers related to this report to higher authority.


J. J. HUMES
CDR, MC, USN

CIE 397

Medical Examination, E. Dr. Malcom Perry
Blood test 11/25/63
upper abdominal

CD 371

Only a few mm.
size 3-5 mm.

largest at lat.
wall of the trachea -
no mass in the wound.

Dep Malone 1-5550
4115 Park Lane

Dallas Tx, Tex.

FL 2 - 5548

Home

CH in Med. School
for Dept. of Surgery
Dr. AS him

Dr. Malcom Perry H Home

CE-391

AB3. 172

Kennedy, John F.

Date of birth — — 1917

Date of death 11/22/63

Place of death 1⁰⁰ EST Dallas, Tex.Place of autopsy 3⁰⁰ EST Bethesda, Md.Clinical Summary

According to available information, the deceased, President John F. Kennedy, was riding in a motorcade car in a motorcade during an official visit to Dallas, Texas on 22 Nov. 1963. The president was sitting in the right rear seat with Mrs. Kennedy seated on the same seat to his left. Sitting directly in front of the president was Gen. John B. Connolly of Texas and directly in front of Mrs. Kennedy sat Mrs. Connolly. The vehicle was moving ~~at a slow rate of speed~~ ~~at approximately twenty miles per hour~~ down an incline into an underpass that leads to a freeway route to the Dallas T. Underpass when the president was to ^{deliver} an address. Three shots were heard and the president fell ^{backward} ~~backward~~ ~~to the floor of the vehicle~~.

Wounding from the head. (Gerrard Connolly was seriously wounded by the same gunfire). According to newspaper reports (Washington Post Nov. 23, 1963) Bob Jackson, a Dallas Times Herald photographer, said he looked around as he heard the shots and saw a rifle barrel disappearing into a window on an upper floor of the nearby Texas School Book Depository building.

Shortly following the wounding of the two men the car was driven to Parkland Hospital. In the emergency room of that hospital the president was attended by Dr. Malcolm Perry. Telephone communication with Dr. Perry on Nov. 23, 1963 develops the following information relative to the observations made by Dr. Perry and procedure performed there prior to death.

Dr. Perry noted the suggestive wound of the head and a second, puncture wound, of the lower anterior side of approximately the midline. A tracheostomy was performed by extending the latter

in mind. At this point bloody air was noted
bubbling from the wound and an injury to
the left lateral wall of the trachea was observed.
Incisions were made in the upper anterior
chest wall bilaterally to combat possible
subcutaneous emphysema. Intravenous
infusions of blood and saline were begun
and oxygen was administered. Despite these
measures cardiac arrest occurred and chest
cardiac massage failed to re-establish
cardiac action. The president was
pronounced dead approximately thirty to
forty minutes after receiving his wounds.
The remains were transported via
the presidential plane to Washington, D.C.
and subsequently to the Naval Medical
School, National Naval Medical Center,
Bethesda, Md. for post-mortem examination.

General Description of Body The body is
that of a muscular, well-developed and well
nourished adult caucasian male measuring
72 1/2 inches and weighing approximately

176 lbs. There is beginning rigor mortis, minimal dependent linear mortis of the dorsum and early algar mortis. The hair is reddish-brown and abundant, the eyes are blue the rt. pupil measuring 3 mm. in diameter, the left 4 mm. There is edema and exsanguis of the inner canthus region of the left eye lid measuring approximately 1.5 cm in greatest diameter. There is edema and exsanguis diffusely over the rt. supra-orbital ridge with abnormal mobility of the underlying bone. (The remainder of the scalp will be described with the skull.) There is dotted blood on the external ears but otherwise the ears, nose and mouth are essentially unremarkable. The teeth are in excellent repair and there is some pallor of the oral mucous membrane.

Situated on the upper rt. posterior thorax just above the upper border of the scapula there is a 7×4 mm. oval ~~for~~ wound. This wound is measured

to be 14 cm. from the tip of the st. acromion process and 14 cm. below the tip of the st. mastoid process.

Situated in the lower anterior neck at approximately the level of the third and fourth tracheal rings is a 6.5 cm. long transverse wound with widely gaping irregular edges. (The depth and character of these wounds will be further described below.)

Situated on the anterior chest wall in the nipple line are bilateral 2 cm. long recent transverse surgical incisions into the subcutaneous tissue. The one on the left is situated 11 cm. cephalad to the nipple and the one on the right 8 cm. cephalad to the nipple. There is no hemorrhage or ecchymosis associated with these wounds. A similar 2 cm. wound measuring 2 cm. in length is situated on the antero-lateral aspect of the ~~right~~ mid arm. Situated on the antero-lateral aspect of each arm is a

about 2 cm. transverse incision into the subcutaneous tissue.

There is an old, well healed 8 cm. low Bunnell abdominal incision. On the lumbar spine the midline is an old, well healed 15 cm. scar. Situated on the upper anterior lateral aspect of the right thigh is an old, well healed 8 cm. scar.

Muscle Wounds

1. There is a large irregular defect of the scalp and skull on the right involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions. In this region there is an actual absence of scalp and bone producing a defect which measures approximately 13 cm. in greatest diameter.

From the irregular margins of the above scalp defect tears extend in delicate fashion into more or less intact scalp as follows:

a) From the right inferior temporal -

the major portion of the right cerebral hemisphere. At this point it is noted the fracture is extensively comminuted in description of the superior suggested.

Upon reflecting the scalp multiple complete fractures are seen to radiate from both the large defect at the vertex and the smaller ~~posterior~~ wound at the occiput. These vary greatly in kind and direction, the longest measuring approximately 19 cm. These result in production of numerous fragments which vary in size from a few millimeters to 10 cm. in greatest diameter.

The complexity of these fractures and the fragments thus produced, tax skill and description and are better appreciated in photographs and X-ray roentgen

described above in the upper st. posterior
 thorax. Beneath the skin there is ecchymosis
 of subcutaneous tissue and musculature.
 The needle path through the fascia and
 musculature cannot be easily probed. The
 wound ^{of injury} of ~~it~~ was that described by Dr.
 Malcolm Perry of Dallas in the lower anterior
 cervical region. It was described by Dr.
 Perry the wound measured a "five-
 millimeter incision" however it was
 extended as a trackotomy incision and thus
 its boundaries distended at the time of
 autopsy. However there is considerable
 ecchymosis of the deep muscles of the ~~st~~
^{side of the} neck and of the fascia about the track
 adjacent to the line of the trackotomy
 wound. The third point of reference in
 connecting these two wounds is in
 the apex (supra-clavicular portion) of
 the st. pleural cavity. In this region
 there is contusion of the parietal pleura
 and of the extreme apical portion of the
 st. upper lobe of the lung. In both

measures the diameter of centurion and
ecthyosis at the point of maximal involvement
measures 5 cm. Both the vent and partial
pleura intact underlying the mass of
thymus.

Inspection The scalp was then extended
into the covered plane to examine the cranial
contents and the cutaneous "Y" shaped incision
is used to examine the body cavity.

Thoracic Cavity - The bony cage is
unremarkable. The thoracic organs are
in their normal positions and relationships
and there is no increase in free pleural fluid.
The abnormal described area of consolidation in the
apical portion of the rt. pleural cavity is
noted.

Lungs - The lungs are of essentially similar
appearance the rt. weighing 370 Gm, the
left 290 Gm. The lungs are well aerated
with a smooth glistening pleural surfaces
and grey-pink color. A 5 cm. dia. area of
enlarged, red discoloration and increased firmness
on palpation is situated in the apical

portion of the st. appendage. This corresponds to the structure as described in the accompanying printed paper. ^{passion in this organ, and accounts for} ~~hemorrhage into pulmonary part of~~ ^{the} ~~organ~~.

Heart - The ^{pericardial} ~~pericardial~~ cavity is smooth walled and contains approximately 10 cc of straw-colored fluid. The heart is of essentially normal external contour and weighs 350 gm. The pulmonary artery is open in situ and in abnormal position. The cardiac chambers contain moderate amounts of post-mortem clotted blood. There are no gross abnormalities of the leaflets of the cardiac valves. The following are the circumferences of the cardiac valves: aortic 7.5 cm, pulmonary 7 cm, tricuspid 13 cm, mitral 11 cm. The myocardium is firm and reddish-brown. The left ventricular myocardium averages 1.2 cm in thickness, the st. ventricular myocardium 0.4 cm. The coronary arteries are dissected, are of normal distribution and smooth walled and elastic throughout.

Abdominal Cavity - The abdominal organs are in their normal positions and relations - Spleen and there is no increase in peritoneal fluid. The vermiform appendix is surgically absent and there are a few adhesions joining the region of the cecum to the ventral abdominal wall at the abdominal incision and abdominal incision.

Skeletal System - Aside from the above described skull wounds there are no significant gross skeletal abnormalities.

Photography - Black and white and color photographs ^{examined} of significant findings, Examination of

Dental programs - Dental programs ^{examined} of the entire body and of the separately submitted three fragments of skull bone. Dental radiographs -

Summary Based on the above observations it is an opinion that the deceased died as a result of two ^{penetrating} gunshot wounds inflicted by high velocity projectiles fired by a person

expensive unknown. The projectile was
 fired from a point which was ^{approximately} 200 yds. at a point
 above a ~~projectile~~ ^{the distance of the projectile} to the ~~subject~~ ^{subject} of the
 of the subject the nature of impact. The
 observations and available information would
 permit a satisfactory estimate as to the nature
 of the wounds.

The fatal missile entered the skull
 above and to the right of the external occipital
 protuberance. A portion of the projectile
 traversed the cranial cavity in a posterior-
 anterior direction (see lateral skull roentgenogram)
 depositing minute particles along its path.

A portion of the projectile made its
 exit through the parietal ^{bone} on the right.
 The two wounds, carrying with it portions of
 calvarium, skull and scalp. The two wounds
 of the skull combined with the force of the
 missile induced extensive fragmentation of
 the skull, laceration of the superior sagittal
 sinus and of the Rt. cerebral hemisphere.

The ~~second~~ ^{other} missile entered the
 Rt. superior posterior thorax above the

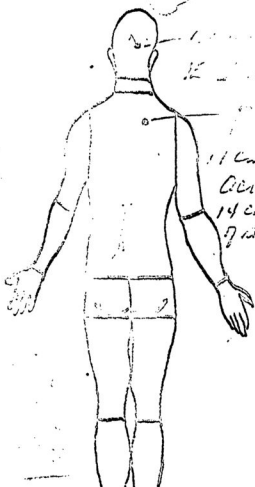
AUTOPSY

DATE 1-2-74 HR. ST. 0 HR. COMPLETED RANK/RATE DATE/HOUR EXPIRED: WARD DIAGNOSIS DETAILED DESCRIPTION: RACE: Obtain following on babies only:Color Hair Crown-rump cm.Crown-heel cm.Circumference: Head in. Chest in.Abd. in.

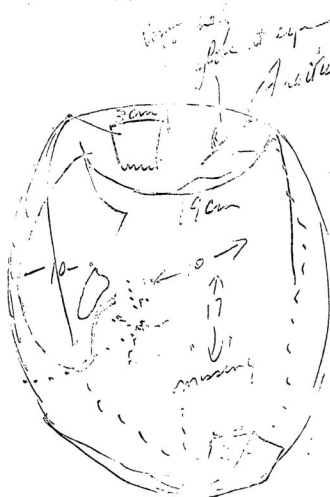
WEIGHTS (Grams, unless otherwise specified)

LUNG, RT. 330 KIDNEY, RT. 135 ADRENALS, RT. LUNG, LT. 330 KIDNEY, LT. 140 ADRENALS, LT. LIVER 140 PANCREAS SPLEEN 90 HEART 130 THYROID TESTIS OVARY HEIGHT MEASUREMENTS: A 7.5 cm. P cm. T 13 cm. M 14 cm.LVM 1.5 cm. SVM 4 cm.

NOTES



11 cm for rt
14 cm left
17 cm medial process



Take bone from sagittal
Suture
from the
Canal Suture back



NATIONAL NAVAL MEDICAL CENTER
BETHESDA 14, MARYLAND

IN REPLY REFER TO

25 November 1963

From: Commanding Officer, National Naval Medical Center
To: The White House Physician

Subj: Autopsy protocol in the case of John F. Kennedy, Late President
of the United States

1. Transmitted herewith by hand is the sole remaining copy (number eight) of the completed protocol in the case of John F. Kennedy. Attached are the work papers used by the Prosecutor and his assistant.
2. This command holds no additional documents in connection with this case.
3. Please acknowledge receipt.


C. B. GALLOWAY